

John. Amick

Town

County

Died at

Montrose Hospital Fredk Co -

MARYLAND

Date 1902      Month May      Day 31      Y.      M.      D.      Age 40      Native of      Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of

Primary

Acute Myocardial Infarction

How long sick

2 Mos

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

S. S. Maynard, M.D.

Address

Montrose Hosp.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Barrick

Town

County

Died at

near Frederick

Frederick

MARYLAND

Date 1902 May 12 Age 52 Y. M. D. Native of Md Occupation Tailor & K. etc.  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name

Daniel Barrick

Mother's

Maiden Name

41

Best

Cause of

Primary

Carcinoma (abdominal)

How long sick

6 weeks

Death

Immediate

Dehydration

Accident, Suicide, Homicide

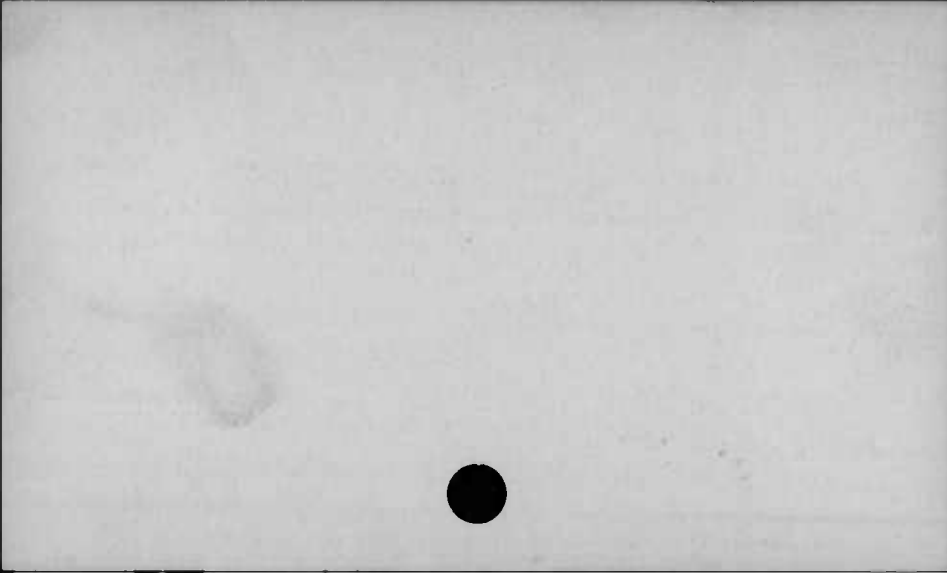
Reported by

Dr Wm C. Crawford &amp; Son

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Samuel. Bowens.

Town

County

Died at

Montevue Hospital

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 6'

Age

80 yrs-

Maryland

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Maiden Name

Cause of

Primary

Old age

How long sick

Several days

Death

Immediate

2 hours

154

Accident, Suicide, Homicide

Reported by

J. S. Maynard

Address

17 Second St. N.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Daniel Brandenburg

Died <sup>Town</sup> ~~New~~ Middletown<sup>County</sup> Frederick

MARYLAND

Date 1902 May 12

Age 79-0-26

Native of Md. Occupation Farmer

Male

Wife

Married

Widow

Number of children living 4

Husband of Lydia Ann Rebecca Remsburg

Father's Name Isaac Brandenburg Mother's Name Catharine Zoch

Cause of Death Primary Central Haemorrhage How long sick 6 months

Death Immediate Heart Failure

Reported by J. E. Beatty, M.D.

Address Middletown Frederick Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

of \_\_\_\_\_



Maggie May Brown -

Town

County

Died at

Frederick City -

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5

14

Age

14

8

17

Md

Cook -

~~Male~~

White

Married

~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband

of

Wife

X

Father's

Mother's

Name

Unknown

Maiden Name

Addie Brown

Cause of

Primary

Tuberculosis of Lungs

How long sick

6 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Franklin Buchanan Smith

Address

City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Beula Benton Brown

Died at <sup>Town</sup> Point of Rocks <sup>County</sup> Fred MARYLAND

Date 19 62 <sup>Month</sup> 5 <sup>Day</sup> 27 <sup>Age</sup> 17 <sup>Y.</sup> 5 <sup>M.</sup> 22 <sup>D.</sup> 1 <sup>Native of</sup> Ind <sup>Occupation</sup> Schoolgirl

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Frank Brown Mother's Maiden Name Virginia Whigley

Cause of Death { <sup>Primary</sup> Typhoid <sup>How long sick</sup> 1  
<sup>Immediate</sup> Pneumonia <sup>Accident, Suicide, Homicide</sup>

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Brown

Name in Full

Certificate of Death

Jimmie Bunch  
 Town County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

5, 16

Age

48 - -

wife

~~Male~~

White

Married

Widow

Divorced

Female

ColoredSingle~~Widower~~

Number of children living

7

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pneumonia from

Septic Pneumonia

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

J. B. Johnson M.D.

Address

Inducted med.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

*James Casey*  
 Town County

Died at *Montevue Hospital*

MARYLAND

Date 19 *02* Month *May* Day *8* Y. M. D.

Native of

Occupation

Age *40*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

*—*

Husband  
of  
Wife

Father's  
Name

Mother's  
Maiden Name

Cause of

Primary

*Pulmonary Tuberculosis*

How long sick

*Seven days*

Death

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

*J. S. Ward*

Address

*1411 Second St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Mary Elizabeth Crocker

Town

County

MARYLAND

Died at

Frederick

Date 1902

Month

Day

Y

M.

D.

Native of

Occupation

May 30th

Age

27.9

Md Housewife

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

20

Husband of

Wife

Father's

Name

Mother's

Maiden Name

George Crocker

John Esterly

Caroline Phoebe

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Intestinal Hemorrhage

Accident, Suicide, Homicide

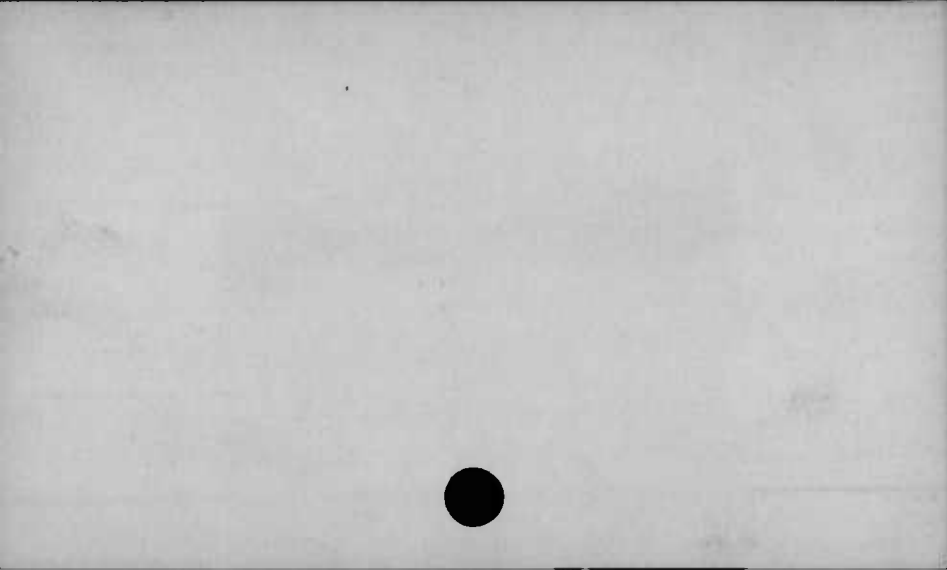
Reported by

Frank Hedges M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Still Born.

Died at Liberty Town Frederick County MARYLAND  
 1902 Month Day Y. M. D. Native of Occupation  
 Date 189 May 13 Age — Free Col  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
of  
WifeFather's  
Name Charles E. EzlerMother's  
Name E. Lawrence ApplebeeCause of Primary —How long sick —Death Immediate —

Accident, Suicide, Homicide

Reported by J. Thomas SmithAddress Liberty Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Saomi Fagan*

Town

County

Died at

*Friedrich City*

\* MARYLAND

Date 19

*02*      *5*, *18*

Age

*2-4-X*

Native of

*U.S.*

Occupation

*None*

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

*Chas Fagan*

Mother's

Maiden Name

*Adeline Bailey*

Cause of

Primary

*Obstructed Abscess Thorax 7 days*

How long sick

Death

Immediate

*Cerebral Abscess*

~~Accident, Suicide, Homicide~~

Reported by

*Franklin Buchanan*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary E. Fogle

Died at <sup>Town</sup> Indenich City <sup>County</sup> \_\_\_\_\_

MARYLAND

Date 1902 <sup>Month</sup> 5 <sup>Day</sup> 21 <sup>M.</sup> 66 <sup>D.</sup> 7 14 <sup>Native of</sup> Mo. <sup>Occupation</sup> —

Male White Married Widow Divorced  
Female Colored Single Widower Number of children living one

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

John N. Fritz

Died at <sup>Town</sup> West Falls<sup>County</sup> Frederick

MARYLAND

Date 1902 <sup>Month</sup> May <sup>Day</sup> 30 <sup>about</sup> <sup>Age</sup> 82 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md. <sup>Occupation</sup> Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of Mary Katherine Hoglerong

Wife's Name Jacob D. Fritz

Mother's Maiden Name Not Known

Cause of Death { Primary Infirmities of Age about 9 months

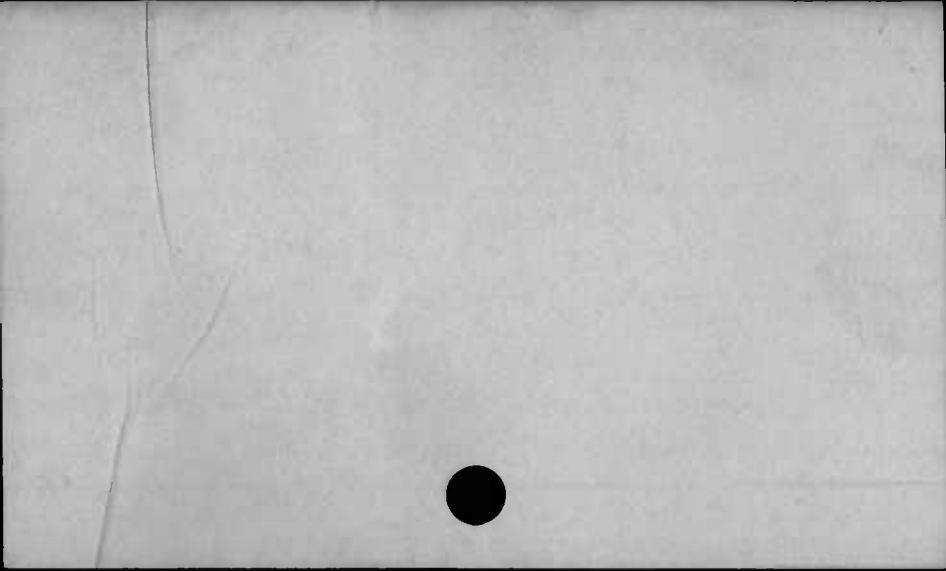
Death { Immediate Heart failure

How long sick  
Accident, Suicide, Homicide

Reported by Thomas P. Sappington M.D.

Address Unionville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

5-  
Hammann, Elmer.

Town

County

Died at

Brooks (Calverton Station)

MARYLAND

Date 1899 <sup>Month</sup> 02 <sup>Day</sup> 1 Age 65 Y. M. D. Native of Md Occupation Farmer

Male White Married Widower Divorced  
~~Female Colored Single~~ Number of children living

Husband  
of  
Wife

Father's Name Mother's Name

Cause of Death { Primary *Hybrid Pneumonia* Immediate *Spontaneous* How long sick 2 weeks  
~~Accident, Suicide, Homicide~~

Reported by *L. S. Hayward M.D.*

Address *Seventy St W*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65262



Name in Full

Certificate of Death

Solomon J. Letzendamm  
 Town Frederick County Frederick MARYLAND

Died at

Date 1902 May 31 Age 70-3-9 Y. M. D. Native of No. Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 4

Husband of  
 Wife

Father's  
 Name

Mother's

Maiden Name

Cause of

Primary

Osteo-sarcoma - facial bones

How long sick

3 years.

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

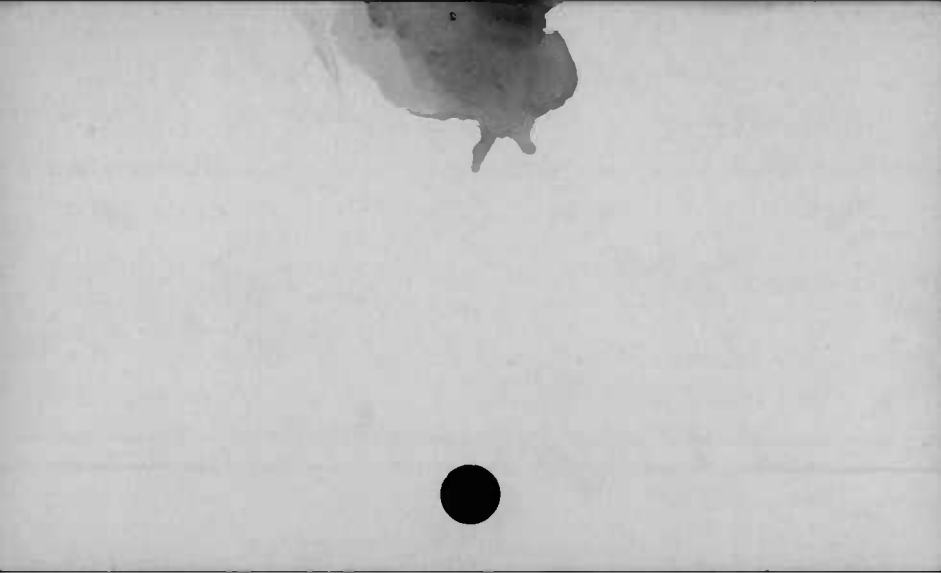
Address

(I only saw case once)  
 May 31, '02.

J. A. Hendrix  
 Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893



Name in Full

Certificate of Death

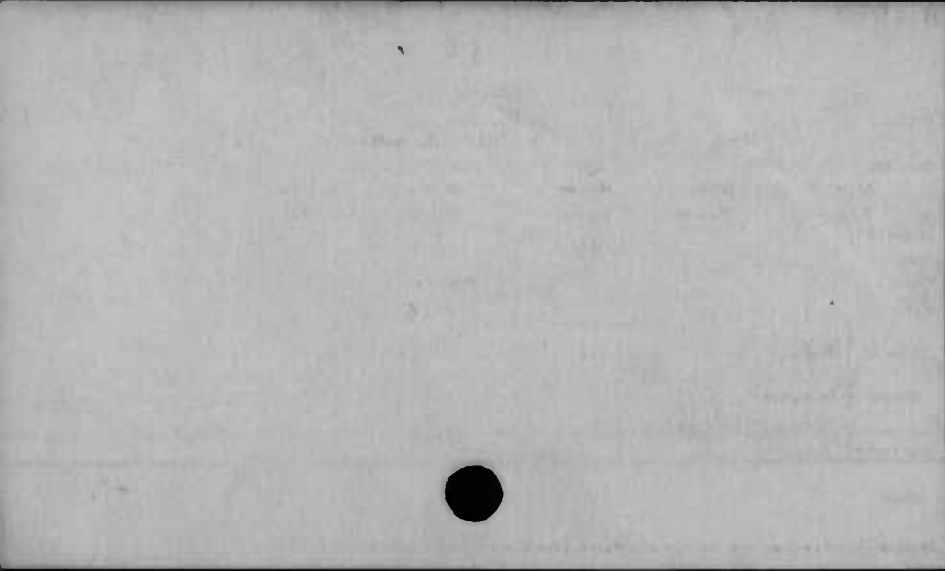
*Maria Griffith*  
Town *McKaig* County *Fredrick* MARYLAND

Died at  
Date *1903 May 25* Month *May* Day *25* Age *88* Y. *1* M. *3* D. *3* Native of *Maryland* Occupation *House Keeper*  
☒ Male ☐ Female ☒ White ☐ Colored ☐ Married ☐ Single ☐ Widow ☒ Divorced ☐ Widower Number of children living *4*

Husband of *George Griffith*  
Wife *us known*  
Father's Name *us known* Mother's Name *unknown*

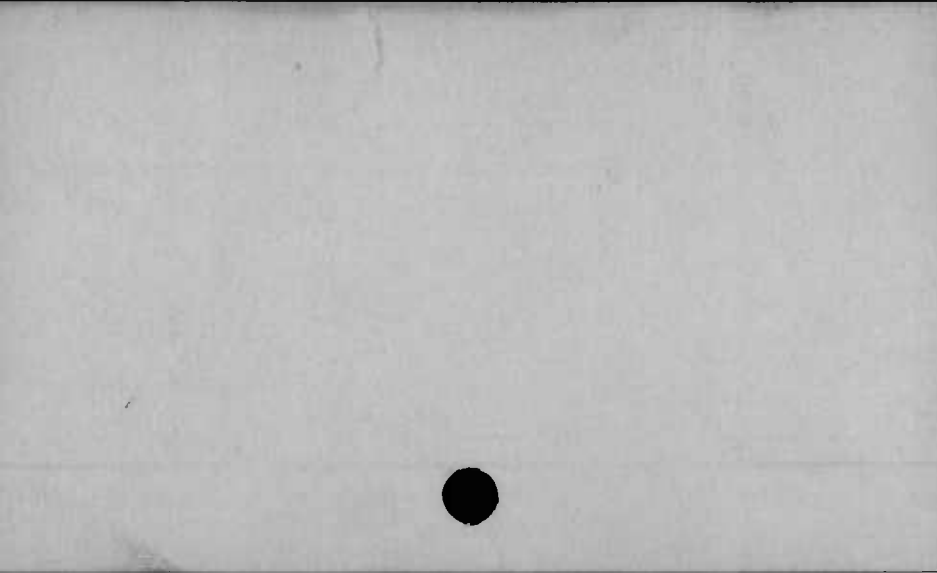
Cause of Death { Primary *Old age* Immediate *apoplexy* } How long sick *2 years*  
*154* Accident, Suicide, Homicide

Reported by *D E Stone* *MA Pleasant*  
Address *Maryland*





Name in Full *Jessie Albert Handy*  
 Died at *Woodboro* Town *Frederick* County *MARYLAND*  
 Date *1902* Month *May* Day *19* Y. *50* M. *1* D. *29* Native of *Md.* Occupation *Labourer*  
 Sex *Male* ~~Female~~ Race *White* ~~Colored~~ Marital Status *Married* ~~Single~~ ~~Widow~~ ~~Widower~~ Number of children living *1*  
 Husband of *Mary Catherine Smith*  
 Father's Name *Phillip Handy* Mother's Name *Elizabeth Hann*  
 Cause of Death { Primary *Cancer of Stomach* How long sick *About 1 year*  
 Immediate *Hemorrhage - Causing general Anemia* ~~Accident, Suicide, Homicide~~  
 Reported by *C. A. Stutz M. D.*  
 Address *Woodboro Md.* *40*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John E. W. Sargent

Town

County

Died at Indian

Indian

MARYLAND

Date 1902 May 4 Age 52 Y. 9 M. 7 D. Native of Md Occupation Merchant.

Male White Married Widower Divorced

Female Colored Single Widower Number of children living X

Husband of Clara Sitter

Wife

Father's Name Abraham Sargent Mother's Name Catherine Stockman

Maiden Name

Cause of Death { Primary Inflammatory Rheumatism How long sick 3 weeks

Death { immediate Acute Bright Accident, Suicide, Homicide

Reported by J. M. Johnson M.D.

Address Indian Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



*Louisa Jane Henderson*  
 Town County

Died at *Brookville Frederick* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 *02* *5* *25* Age *57* *6* —

~~Male~~ ~~White~~ Married ~~Single~~ Widow Divorced  
 Female Colored Widower Number of children living *3*

~~Husband~~ of

Wife *Wark Henderson*

Father's Name *Wm Bailey* Mother's Maiden Name *C*

Cause of Primary *Tuberculosis* *27* How long sick

Death Immediate Accident, Suicide, Homicide

Reported by *Sammie Clapp M.D.*

Address *Petersville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

10,

MARYLAND

Died at

Town

County

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Singla~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediata

How long sick

Accident, Suicida, Homicida

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70896





Name in Full

Carrie L Jones

Town *Troutville* County *Fredricks*

MARYLAND

Died at *Troutville* Month *May* Day *7* Y. *22* M. *0* D. *3* Native of *Troutville* Occupation *None*

Date *1902* *May 7* Age *22-0-3*

*Female* Married *Single* Widowed *Never* Divorced *Never* Number of children living *one*

*Wife of Benjamin Jones*

Father's Name *do not know* Mother's Name *Mary Brown*

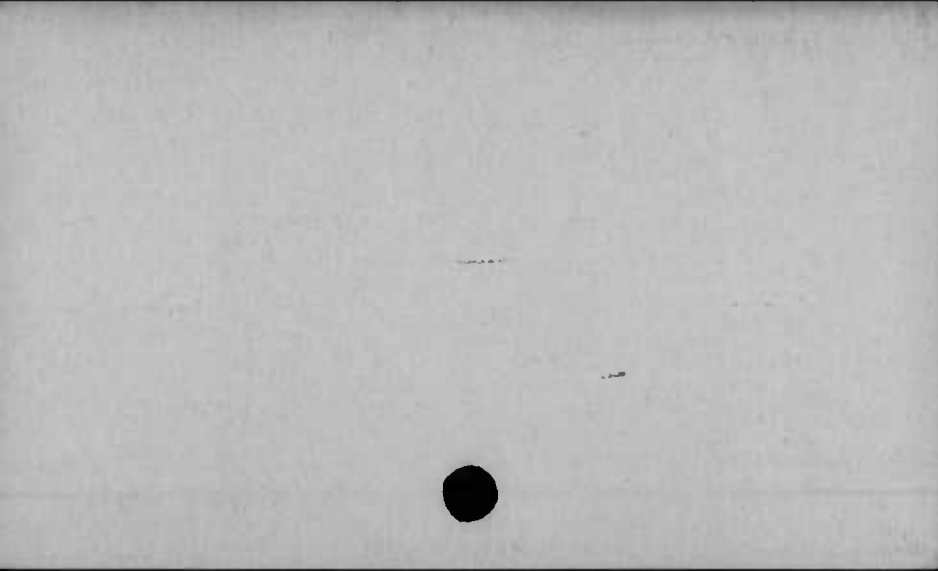
Cause of Death *Consumption* How long sick *4 months*

Immediate *27* Accident, Suicide, Homicide

Reported by *Adams & Powell*

Address *Shoalsboro Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Miss Ann E. Joy

Town

County

Died at Near Jefferson

Frederick

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

5 24

Age 66 3 4

State

House Wagon

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Wife

Father's

Mother's

Name

Maiden Name

104

Cause of

Primary

Chronic Indigestion

How long sick

One Year

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

H. Boteler, Graves M.D.

Address

Jefferson Frederick And

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

James L. Kenna

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 24

Age

48 2 15

Md

Miller

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Bronchitis

How long sick

Six or eight months

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

J. M. Johnson M.D.

Address

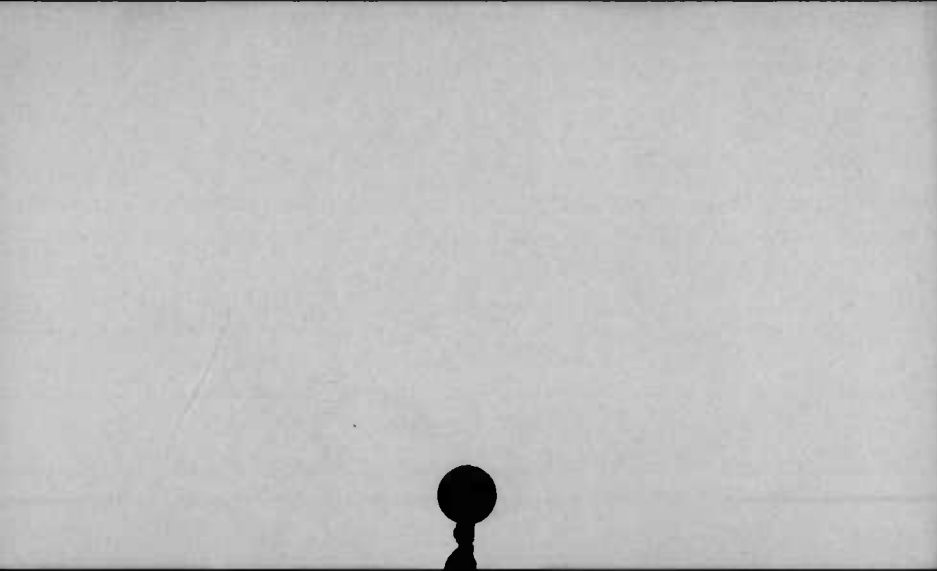
Indust.

Md

100

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Mrs. Barbara Mehrling

Died at Frederick City

MARYLAND

Date 1902 5 21 Age 72 3 29 Native of Mo Occupation Housewife

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living 4

Husband of George Mehrling 79

Father's Name Geo Engelbrecht Mother's Maiden Name Christina

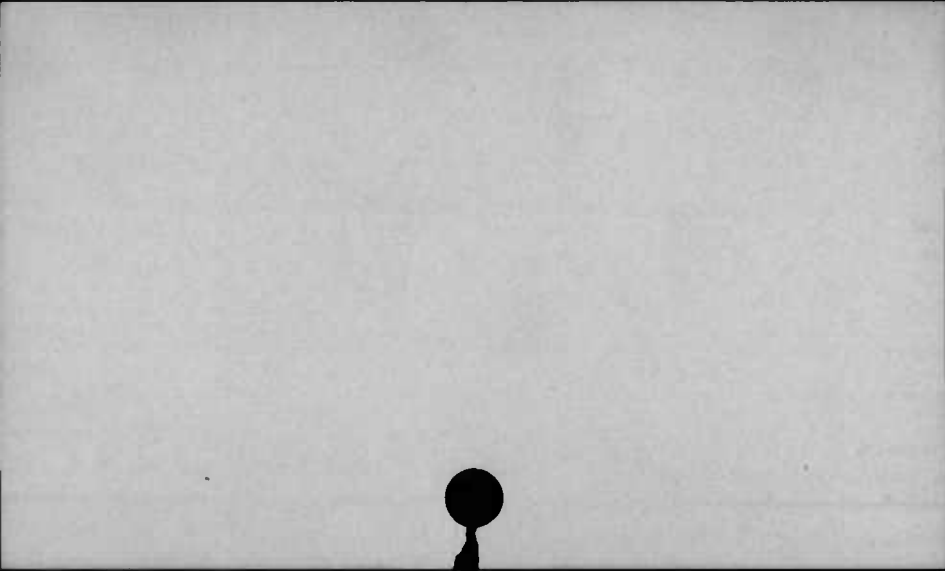
Cause of Death { Primary Organic Heart Disease 3 years

Death { Immediate Paralysis Heart Accident, Suicide, Homicide

Reported by Franklin Buchanan M.D.

Address City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Ruth Mullinix

Town

County

Died at Frederick Frederick

MARYLAND

Date 1902 May 23

Month Day Y. M. D.

Age 6 - -

Native of Maryland

Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Thos Mullinix

Mother's Maiden Name Mollie Byrne

Cause of Primary Scarlet Fever

How long sick 46 hours

Death Immediate Sup Retention of Rash

Accident, Suicide, Homicide

Reported by Labruce MD

Address 17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant of J. E. &amp; H. F. Nelson

Town

County

Died at

Knayville

Frederick

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

May 14

Age

24

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

James Emory Nelson

Harriet Francis Holmes

Cause of

Primary

Premature birth

How long sick

Death

Immediate

8 Month child

Accident, Suicide, Homicide

Reported by

C. H. Hecht &amp; Co, Funeral Directors

Address

Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Sam's Creek* Town *Frederick* County *Maryland* MARYLAND

Date 19 *02* Month *5* Day *12* Y. M. D. Age *24* Native of *Ill* Occupation *Med*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*

Husband of

Wife

Father's Name *Levi Thurston* Mother's Name *Ellen Dyer*

Cause of Death { Primary *Stillborn* How long sick *0*

Death { Immediate *by* Accident, Suicide, Homicide

Reported by *J. V. Brooks, M.D.*

Address *Marston* *Carroll County* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Elizabeth Orley

Town

County

Died at

Frederick

Frederick MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5-19

Age 28 x 25

Md

H. M.

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

1

Husband of

Wife

Frank Orley

Father's

Mother's

Name

X Countee

Maiden Name

X X X

Cause of

Primary

Consumption

How long sick

4 Months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. L. Long

Address

37 E Patrick Street (city)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Miss Lottie Owens

Died at <sup>Town</sup> Montevue <sup>County</sup> Hospital, Frederick Co MARYLANDDate 1902 <sup>Month</sup> May <sup>Day</sup> 16 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 69 yrs <sup>Native of</sup> <sup>Occupation</sup>

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Disease of heart (Incurable)

How long sick

Several months

Death

Immediate

Drowning or exhaustion

Accident, Suicide, Homicide

Reported by

J. S. Maguire M.D.

Address

Montevue Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name In Full

Certificate of Death

Miss Mary Pittinger

Town

County

Died at Monticue Hospital, Frederick Co MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02 May 2 Age 92 yrs Maryland Maidene

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

Death Immediate

How long sick

7 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Calvin. G. Hubert, Pryor

Town

County

Died at

Waldenville

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5

6

Age

0 - 4 - 0

America

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Theophilus H. Pryor

Mother's

Maiden Name

Rosa M. Pryor

Cause of

Primary

La Grippe

Death

Immediate

Peritonitis

How long sick

10

5

Accident, Suicide, Homicide

Reported by

Address

J. T. Carbone  
Smithsburg  
Ind. 7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

11



Name in Full

Certificate of Death

*James Elizabeth Randolph*

Town

County

Died at *Indefer*

MARYLAND

Date *1902* Month *5* Day *19* Y. *55* M. *—* D. *—* Native of *md* Occupation *cook*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of *Peter Randolph*  
 Wife of *Peter Randolph*  
 Father's Name *Moses Brown* Mother's Name *Rachel Brown*

Cause of { Primary *Chronic Brights Disease* How long sick *3 weeks*  
 Death { Immediate *Reptile Poisoning* ~~Accident, Suicide, Homicide~~

Reported by *C. F. Gordner and* *120*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, RECOR





Name in Full

Certificate of Death

Peter Randolph

Town

County

Died at

Frederick

MARYLAND

Date 1902 5 25 64 Y. M. D. Native of Ma Occupation Rail runner

Male White Married Widow Divorced Single Widower Number of children living 5

Husband  
of

X

Father's  
Name

Peter Randolph

Mother's  
Name

Anna Randolph

Cause of { Primary Pneumonia

How long sick

Death { Immediate Fall on Stair

Accident, Suicide, Homicide

Reported by

C. J. Forde. m.d.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65059

Green Mount Cemetery.

May 27 1902

L. S. Larty.

Joseph H. Pinchard  
 Town near Emmitsburg County Frederick MARYLAND

Died at 2 5 - 9 Y. M. D. Age 21 — Native of Pennsylvania Occupation Farmer & Peddler

Date 189 2 5 - 9 Male White Married Single

Husband of 166

Wife

Father's Name Ephraim Pinchard Mother's Name Julia A. Pinchard

Cause of Death Primary Immediate Cause of Death Gun Shot Wound

How long sick Not time

Reported by W. F. Shuff Undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

**Attended by Dr.** .....

**of** .....

**Seen by Coroner** .....

**of** .....

**Information contained in this certificate received**

**from** .....

**of** .....



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Town

Month

Day

County

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

Mother's

maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

*Daniel Smothers*

*New Brunswick*

*Frederick*

MARYLAND

Died at *New Brunswick*

Date 19*02* *May* *13*

Age *27 1/4*

Native of *American*

Occupation *Laborman*

Male

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of *Mary Holland*

Father's Name *Luther Smothers*

Mother's Maiden Name *Catherine Smothers*

Cause of Death { Primary *accident-fractured*

Death { Immediate *accident-neck*

How long sick

Accident, Suicide, Homicide

Reported by *Alb. Horine M.D.*

Address *Brunswick Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

*Lena P. Steiner*  
 Town *Charmont* County *Frederick* MARYLAND

Died at *home*  
 Date 1902 *May 9* Month *May* Day *9* Y. *32* M. *5* D. *4*  
 Age *32 5-4* Native of *Prussia* Occupation *Housewife*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐  
 Number of children living *9*

Husband of *John P. Steiner*  
 Wife *John P. Steiner*  
 Father's Name *John Baker* Mother's Maiden Name *Mary Chappman*

Cause of Death { Primary *Presumably* Immediate *Heart failure*  
 How long sick *179*  
 Died Suddenly.  
 Accident, Suicide, Homicide

Reported by *J. C. K. [unclear]*  
 Address *Charmont Maryland*

Must be signed by physician, if any in attendance, otherwise by [unclear], undertaker or minister.

LIBRARY BUREAU, 70028



Clarence Earle Valentine

Town

County

Died at

Rocky Ridge

Fredesin

MARYLAND

Date 19

02

May 23

Age

2, 8-0

Native of

Ind-

Occupation

infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Erwin F. Valentine

Mother's

Maiden Name

Bertie May Whitmore

Cause of

Primary

The taking of a large

How long sick

5 hours

Death

Immediate

Quantity of Cough Medicine.

Accident, ~~See~~ side

Reported by

C. H. Siler

Address

D. D. C. Siler

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



David Wallace

Town

County

Died at

Petersville

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 26

Age

49

Laborer

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Millie Johnson

Father's

Mother's

Name

Abraham

Maiden Name

Jane Wallace

Cause of

Primary

Paralysis

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Samuel Claggett M.D.

Address

Petersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



"Twin" of John W. & Margaret M. Warrenfelts

Died at Ellenton <sup>Town</sup> Fredrick <sup>County</sup> MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 5 " 12 Age still Born

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

4

Husband of

Wife

Father's Name John W. Warrenfelts

Mother's Maiden Name Margaret M. Schroger

Cause of Primary

How long sick

Death Immediate

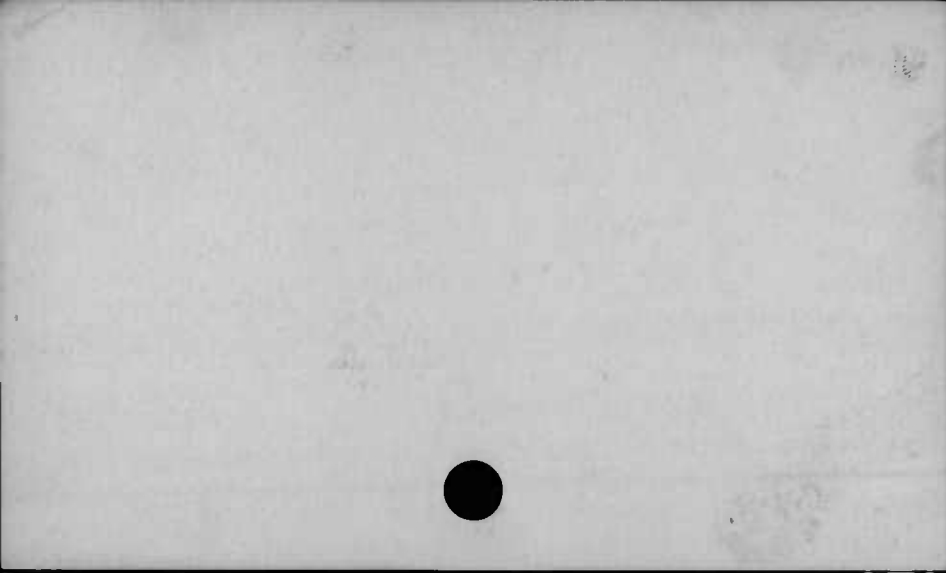
Accident, Suicide, Homicide

Reported by

A. J. Smith, M.D.  
Wellsville, Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Mary Ann Williams

Town

County

Died at near Barthelows, Frederick MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1912

May 30

Age 60.

Md.

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Heart Disease

79

1 day

Accident, Suicide, Homicide

Reported by

William T. Luns

Address

Pumpkin town Frederick Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Daniel Henry Young

Died at <sup>Town</sup> Middletown <sup>County</sup> Frederick MARYLAND

Date 1902 May 23 Age 70 5-20 Native of Md Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Leticia Smith

Father's Name Hezekiah Young Mother's Maiden Name Malinda Castle

Cause of Death Primary Hemiplegia Immediate Exhaustion

How long sick 2 years

~~Accident, Suicide, Homicide~~

Reported by L. E. Beatty M.D.

Address Middletown Frederick -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

